

NOTICE OF FUNDING OPPORTUNITY - DIABETES RESOURCES COORDINATION CENTERS (DRCCs)

Part I. Executive Summary

The New Jersey Department of Health- Diabetes Prevention and Control Program (DOH – DPCP) seeks to fund two (2) organizations that will promote diabetes self-management education (DSME) and for New Jersey residents diagnosed with diabetes, as well as lifestyle intervention, or diabetes prevention programs (DPP), for residents at risk for type 2 diabetes. Approximately \$75,000 is available for each organization. **Local health departments, hospitals, Federally Qualified Health Centers (FQHCs), universities, and non-profit organizations with 501(c) 3 status** located in, or currently providing services in, **Camden/Burlington and Bergen/Passaic/Union counties** are encouraged to apply for this competitive funding opportunity.

Applications will be objectively reviewed and scored. See pages 12-13 for Review information. The project period is 6 months (January 1, 2016 – June 30, 2016) with a 6-month budget period and an anticipated award date of January 1, 2016.

A Technical Assistance Meeting will be held on September 16, 2015 for all organizations that have submitted a Letter of Intent (due September 11, 2015).

This RFA supports statewide implementation of cross-cutting approaches to promote health and prevent and control chronic diseases and their risk factors. Recognizing the vital public health interest in reducing and more effectively treating chronic illnesses, the Department of Health invested its resources in the development of The New Jersey Coordinated Chronic Disease Prevention and Health Promotion Plan. This plan integrates the state's heart disease, stroke, cancer, diabetes, arthritis, asthma, obesity prevention and tobacco control programs to concentrate their efforts on addressing multiple chronic diseases simultaneously.

This RFA focuses on three (3) required project objectives:

1. Program promotion
2. Health care provider engagement
3. Health communications

The short-term outcomes of this project are:

- Increased community clinical linkages to support prevention, self-management and control of diabetes
- Increased participation in DSME and DPP

The long-term outcome of this project is:

- Improved prevention and control of diabetes

Part II. Funding Opportunity Description

Background:

Diabetes continues to be the leading cause of kidney failure, non-traumatic lower-extremity amputations, and blindness among adults aged 20-74, and is a major cause of heart disease and stroke. Prediabetes – a serious health condition that increases the risk of developing type 2 diabetes, heart disease and stroke – is a condition that remains underdiagnosed in the adult population. Only 7% of people with prediabetes are aware of their condition. According to CDC research, 86 million Americans – more than 1 out of 3 – have prediabetes.¹

The direct and indirect costs of diabetes are \$245 billion a year. Medical expenses for people with diabetes are more than two times higher than for people without diabetes.² In 2006, the annual medical cost of obesity to the U.S. health-care system was estimated at as much as \$147 billion (2008 dollars), almost half of which was financed by the Centers for Medicare & Medicaid Services (CMS) (23% by Medicare and 19% by Medicaid).³

Diabetes is an important public health concern in New Jersey, and is the sixth leading cause of death in the state among adults. Review of NJ DOH surveillance data finds that the estimated rate of new adult diabetes cases has more than doubled between 1996-2010, from 4.6 to 9.5, per 1,000 adults between the ages of 18 and 76. About 22% of NJ adults 65 years and older have diabetes.⁴

Many of the nation's leading health-care experts recommend a combination of clinical and community-based interventions to address the growing prevalence of chronic conditions such as diabetes and prediabetes. DSME is the cornerstone of care for all individuals with diabetes looking to achieve successful health-related outcomes.⁵ The Community Preventive Services Task Force recommends that DSME be implemented in community gathering places on the basis of sufficient evidence of effectiveness in improving glycemic control for adults with type 2 diabetes.

National standards for DSME have been designed to define quality diabetes self-management education.⁶ These standards can be implemented in diverse settings to facilitate improvement in health care outcomes. Standards are continually reviewed and edited to reflect appropriateness, relevancy, and maintain a proven scientific basis. The DSME process incorporates the needs, goals, and life experiences of the person with diabetes. The intent is to support informed decision-making, self-care behaviors, problem-solving and active collaboration with the diabetic patient's health care team in order to improve clinical outcomes, health status, and quality of life.

Programs such as Stanford University School of Medicine's **Chronic Disease Self-Management Program** (CDSMP) significantly increase the ability and self-confidence of adults when it comes to managing their chronic illness. To obtain the best possible outcomes using self-management strategies in chronic conditions, patients enrolled and engaged in these programs gain access to

The New Jersey Diabetes Prevention and Control Program
FY 16 Request For Applications (RFAs)

information and develop skills that help them live with diabetes. NJ DOH currently promotes the use of the evidence-based **Stanford model Diabetes Self- Management Program (DSMP)**. Developed by Stanford School of Medicine, the DSMP features a 2½ hour workshop given once a week for six weeks. These DSMPs are held in community settings such as churches, community centers, libraries and hospitals. People with type 2 diabetes attend the workshop in groups of 12-16. Workshops are facilitated by two trained leaders, one or both of whom are peer leaders with diabetes themselves, using a highly detailed manual.

NJ DOH also promotes the American Diabetes Associations' (ADA) and the American Association of Diabetes Educators' (AADE) certified diabetes self-management education (DSME) programs. These programs, where national standards were created by a joint task force represent by both ADA and AADE, are designed to define quality diabetes self-management education and to assist diabetes educators in a variety of settings to provide evidence-based education.

CDC recommends lifestyle intervention programs for the prevention of type 2 diabetes. NJ DOH has begun to partner with the Y Alliance to increase awareness of and accessibility to **YMCA Diabetes Prevention Programs (DPP), as well as CDC recognized prevention programs**. Based on effective research by the National Institute of Health, the YMCA's Diabetes Prevention Program is a lifestyle intervention program that helps participants learn and adopt healthy eating and physical activity habits proven to reduce the risk of developing Type 2 diabetes. The 12-month group-based program consists of 16 one-hour, weekly sessions, followed by monthly sessions led by a trained lifestyle coach who facilitates a small group of people with similar goals.

There are currently three Diabetes Resources Coordination Centers (DRCCs) in existence that serve Hunterdon and Morris Counties; Essex and Hudson Counties; and Cumberland County. The primary function of these DRCCs is to promote the access and use of community-based diabetes prevention programs (DPP) and diabetes self-management education (DSME) programs. This is accomplished through a variety of mechanisms including partnering with providers to establish referral policies or practices for patients at risk for, and diagnosed with, diabetes, as well as creating culturally appropriate messaging strategies to communicate with both the community and healthcare providers for the promotion of available resources in a particular area.

Purpose:

The purpose of this RFA is to select two additional organizations to promote the use of DSME among New Jersey residents with diabetes, and DPP for residents at risk for type 2 diabetes. This will be accomplished through the establishment of new Diabetes Resources Coordination Centers (DRCCs) in Camden/Burlington and Bergen/Passaic/Union counties. The DRCCs will work with designated community partners and healthcare providers, including retail clinics, to drive patient traffic to DSME and DPP. Partners and providers shall include Federally Qualified Health Centers (FQHCs), health systems, community-based organizations which offer the DSME, and affiliates offering DPP.

The New Jersey Diabetes Prevention and Control Program
FY 16 Request For Applications (RFAs)

Target providers, along with other partners will be determined post-award. **Note:**
Organizational scope of work will vary according to DRCC region.

The New Jersey Diabetes Prevention and Control Program
FY 16 Request For Applications (RFAs)

The chart inserted below provides an overview regarding DRCC locations, a listing of potential collaborating partners and providers who will be targeted for DSME and DPP promotion.

DRCCs	Target Counties	Target Partners/Providers	Programs
DRCC Region 3	Camden/ Burlington	FQHCs, Community-based organizations, Local Health Departments, Hospitals and Healthcare Providers	<u>COMMUNITY-BASED DSME AND DPP</u>
DRCC Region 4	Bergen/ Passaic/ Union	Community-based organizations, Local Health Departments, Retail Clinics, Hospitals and Healthcare Providers	<u>COMMUNITY-BASED DSME AND DPP</u>

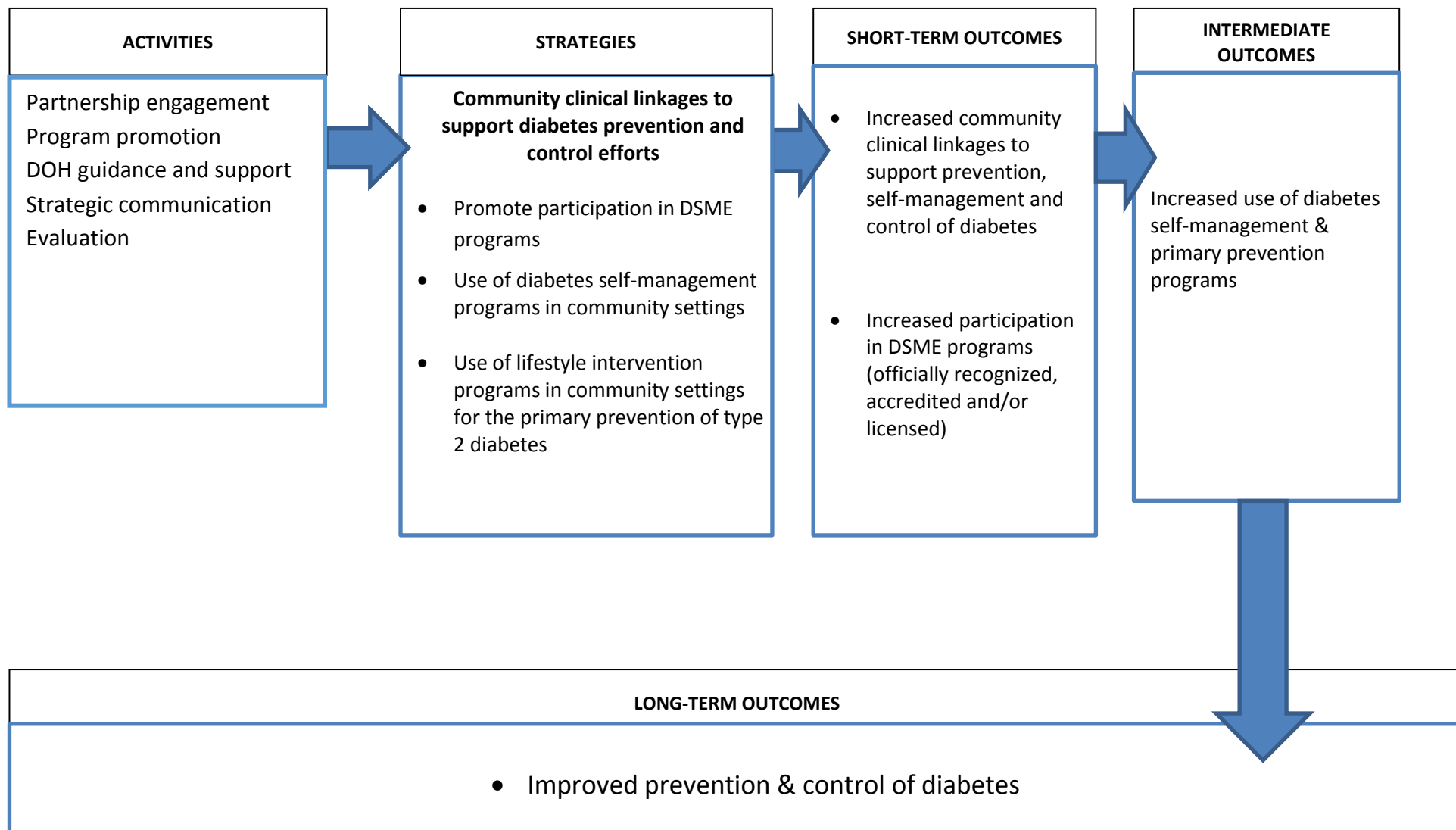
DRCCs will collaborate with healthcare providers to link patients with either DSME or DPP to increase participation in both programs. In addition, DRCCs will implement culturally and regionally-specific media/communications systems to publicize the availability the workshops, including the location, participant eligibility, registration information. Organizations selected will have proven capacity in provider engagement, program promotion, and health communications.

The DRCCs, **to be located in, or currently providing services in Camden-Burlington and Bergen-Passaic-Union counties**, will be funded up to \$75,000 each. The 6-month project will begin on January 1, 2016 through June 30, 2016.

Additional Data:

- **Healthy People 2020** - *This* project addresses the “Healthy People 2020” focus area of Diabetes available at <http://www.healthypeople.gov>.
- **Healthy New Jersey 2020** - This project also addresses the “Healthy NJ 2020” focus area of Diabetes, which aligns with HP2020 available at <http://www.state.nj.us/health/chs/hnj2020/objectives.shtml>
- **The Guide to Community Preventive Services**, <http://www.thecommunityguide.org/index.html>
- **CDC-led National Diabetes Prevention Program**, <http://www.cdc.gov/diabetes/prevention/index.htm>

The New Jersey Diabetes Prevention and Control Program
FY 16 Request For Applications (RFAs)



The New Jersey Diabetes Prevention and Control Program
FY16 Request For Applications (RFAs)

Part III. Application Criteria

Applicants must submit a detailed project narrative, describing how the applicant plans to implement activities supporting the required objectives. DOH-DPCP will provide feedback and technical assistance to awardees to finalize work plan activities post-award. The narrative should not exceed 18 pages (single spaced, Calibri 12 point, 1-inch margins, and numbered pages). Content beyond 18 pages will not be reviewed.

The project narrative must include all the bolded headers outlined under this section. It should be succinct, self-explanatory and organized in the order outlined in this section so reviewers can understand the proposed project. The description should address activities to be conducted over the entire project period.

- A. **Project Abstract Summary** (Maximum of 2 paragraphs) - The project abstract should be a self-contained, brief description of the proposed project to include the purpose and outcomes. This summary must not include any proprietary/confidential information.
- B. **Needs Assessment** - For your target population, the applicant must describe the core information to understand **the burden of diabetes in your county and** how the proposed project will address diabetes and pre-diabetes.
 - **Target Populations:** Applicants should ensure that data, including burden data, are used to identify strategies and/or communities within their counties that have poor environments and/or are disproportionately affected by diabetes. Disparities by race, ethnicity, gender identity, sexual orientation, geography, socioeconomic status, disability status, primary language, health literacy, and other relevant dimensions (e.g., tribal communities) should be considered. The applicant should address how they will be inclusive of specific populations that are disproportionately affected by diabetes.
- C. **Organizational Capacity** - Applicants must describe their organizational capacity to achieve the project objectives.
 - County-wide scope is preferred, but if that is not possible, applicants should focus their work in such a way that the maximum number of people can be reached through the interventions being implemented.

When applicants are describing organizational capacity, consideration should be given to:

- Addressing health equity within their target area(s).
- Minimizing duplication of effort.
- Coordinating efforts with other federally and privately funded programs within their county in an effort to leverage resources and maximize reach and impact.

The New Jersey Diabetes Prevention and Control Program
FY16 Request For Applications (RFAs)

The applicant should describe core project management to execute the award, including the roles and responsibilities of project staff.

- The applicant should specify who will have day-to-day responsibility for key tasks such as: leadership of the project; monitoring of the project's on-going progress; preparation of reports; program evaluation; and communication with partners and DOH-DPCP.

The applicant should provide information about any contractual organization(s) that will have a significant role(s) in implementing program strategies and achieving project outcomes.

- The applicant should also describe how any consultants and/or partners organizations will contribute to achieving project outcomes.

Readiness to Implement:

The applicant must demonstrate readiness to implement evidence-based strategies, including the ability of applicants to describe the following:

- Established partnerships with groups/organizations relevant to the RFA objectives.
- Prior experience working with health care providers to improve health outcomes.
- Proven ability to collect and use data to demonstrate impact.
- Experience with planning and implementing county-level and systems level programs.

D. Project Objectives:

Capacity Building and Program Promotion - Applicants must demonstrate experience and ability to create, enhance, and facilitate community-clinical linkages to increase referrals and utilization of DSMEs and DPPs.

Applicants must develop a plan for promoting the use of the DSMEs and DPPs in targeted counties to increase access to both programs. In this plan describe how your organization will:

- Coordinate with target FQHCs and other health systems to increase referrals to community-based DSMEs and DPPs including ways to eliminate barriers to provider referral as well as barriers to patient/consumer participation in these programs.
- Liaise between healthcare providers and Community Based Organizations (CBOs) that offer DSME/DPPs to increase community linkages between providers and self-management education (and prevention programs), as well as to foster communication between FQHCs/Health Systems and DSME/DPPs.

Healthcare Provider Engagement

The Applicant must demonstrate a proven track record or capacity to work with healthcare providers to develop solutions that physicians, nurses, pharmacists and other providers can use to increase the patient care experience. Outcomes of this should be clearly demonstrated.

- Experience collaborating with FQHCs and other health systems should be provided as appropriate.

Health Communications

The Applicant must propose a communications plan for both clinical and community settings that allow consumers and healthcare providers to easily access information about available DSME and DPP resources in targeted communities. Evidence-based practices or messages to increase awareness of DSME /DPP schedules, locations and enrollment criteria, among consumers and health care providers must be included.

- Applicants must identify at least one approach for the dissemination of health communication that is appropriate for the target audiences (culturally sensitive, easy to access by many users, etc.).

E. Methods/Strategies - The applicant must provide a clear and concise description of the project strategy or strategies the applicant intends to use to meet the required outcomes. As applicable, applicants should use and explicitly reference The Community Guide⁷ as a source of evidence-based program strategies whenever possible. In addition, applicants may propose additional program strategies to support the outcomes.

F. Plan for Sustainability – The applicant must describe specific strategy/ strategies that can be utilized for FQHC and health system providers with high risk populations after the expiration of grant. Include strategies that will likely lead to continued programming and to build scope of future DRCC work.

G. Evaluation

Applicants must provide an overall target-specific evaluation, clearly identifying the outcomes the applicant expects to achieve by the end of the project period (increase referrals and utilization of DSME and DPP). The plan must:

- Describe how efforts to increase traffic to DSME/DPP resources in surrounding community to impact people with, or at risk for, diabetes will be measured.
- Describe how key program partners will be engaged and how the collaborations will be evaluated.
- Describe the type of evaluations to be conducted (i.e. process and/or outcome).
- Describe potentially available data sources.

The New Jersey Diabetes Prevention and Control Program
FY16 Request For Applications (RFAs)

- Describe how evaluation findings will be used for continuous program and quality improvement.
- Describe how evaluation and performance measurement will contribute to the understanding of the advantages and challenges of working collaboratively to support community-clinical linkages, to achieve positive diabetes health outcomes.

Awardees will be required to collect and report outcome performance measures to DOH-DPCP quarterly.

Part IV. Eligible Applicants

Eligible applicants must be a local health department, hospital, Federally Qualified Health Center (FQHC), university, or non-profit organization with 501(c) 3 status **located in, or currently providing services in, Camden/Burlington and Bergen/Passaic/Union counties.**

Eligible applicants must also meet the following criteria:

- Applicants must provide evidence of their partnerships with healthcare providers for the purpose of improving referrals and participation in DSME/DPP programs. If formal agreements do not exist specifically for this purpose, then applicants must outline a specific plan and provide letters of support that demonstrate the agency capacity and healthcare providers' willingness to participate in this initiative.

Memorandum of Understanding/Memorandum of Agreement (MOU/MOA) and Letters of Support (LOS) are required and will be a criterion used in evaluating the application. At a minimum, the MOU/MOA should describe the following elements:

- Identify senior organizational leaders within both agencies to provide leadership support and implementation oversight.
- Demonstrate a history of providing effective, culturally competent, and linguistically appropriate health-related services within your target area.

Proof of Eligibility:

Applicants are required to submit financial documents, **per each year of the grant cycle**, in accordance to the NJDOH Cost Controlling Initiatives. **Failure to provide required documentation by the date of application submission will result in the application being deemed non-responsive.** Please attach the requested documents in word or PDF to your application through the NJDOH System for Administering Grants Electronically (SAGE):

1. Valid Internal Revenue Services (IRS) 501(c) (3) tax exempt status.
2. Statement of Total Gross Revenue and/or Annual Report (if applicable). If grant is less than \$100,000 and agency doesn't receive any other funds from the state or federal

The New Jersey Diabetes Prevention and Control Program
FY16 Request For Applications (RFAs)

government an audit report is not required. Agency should submit the Statement of Total Gross Revenue in order to determine if an audit report is required.

3. Tax Clearance Certificate is to be submitted—Application for Tax Clearance can be obtained at <http://www.state.nj.us/treasury/taxation/busasst.shtml> (fee of \$75.00 or \$200.00).
4. NJ Charities Registration- If your organization is registered with the NJ Charities Registration then each year a “Letter of Compliance” from the Division of Consumer Affairs must be obtained. All registered charities must renew their registration yearly. For more information contact and forms can be found at www.state.nj.us/lps/ca/charity/charfrm.htm

Part V. Use of Funds - Upon award, the recipient shall ensure that funds are immediately accessible and used for activities described in approved work plans. Funds must be used as follows:

- No more than 75% of the total award can be allocated for salary and fringe or consultant fees for dedicated staff. As a percentage of salary, the fringe rate cannot exceed 37.95%.
- No less than 25% of the total grant award Grantee must be used for programmatic funding.

Funds may be used to support:

- Equipment, supplies, or educational materials for the purpose of promoting DSME (provider education, health communications, etc).
- In state travel only and related expenses for project staff to carry out specified duties and to attend mandatory meetings and trainings.
- Costs associated with providing training for potential partners.

Funding Restrictions - Please refer to Appendix A for Cost Controlling Initiatives, which must be taken into account while planning the programs and writing the budget, are as follows:

- **Recipient may not use funds for providing/facilitating DSME or DPP.**
- **Recipient may not use funds for direct service activities.**
- Recipient may not use funds for purchasing vehicles.
- Recipient may not use funds for travel outside of the state of New Jersey.
- Recipient may not use funds for research.
- Recipient may not use funds for construction.
- Recipient may not use funds for food or refreshments.

The New Jersey Diabetes Prevention and Control Program
FY16 Request For Applications (RFAs)

- Recipient may not use funds for interest on loans for the acquisition and/or modernization of an existing building.
- Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services.
- Recipient may not use funds for tuition reimbursement.

Part VI. Application Submission Information – Applicants are required to **submit applications online**. Applicants must name the file “DRCC.name of county” and upload it as a PDF file on the DOH System for Administering Grants Electronically (SAGE) system:

Your organization must be registered on SAGE:

- ***If your organization is already registered in SAGE**, you will be able to log on and begin the application process once the application is available (date will be provided at the Technical Assistance Meeting).*
- ***If your organization has never registered in SAGE**, please see below:*
 - *First time applicants, whose organization has never registered in SAGE need to contact Cynthia Satchell-Gore to complete a form and submit to DOH. DOH will verify certain information to ensure you satisfy DOH requirements. When DOH requirements are met your organization will be validated in SAGE. (to be validated you must contact Cynthia Satchell-Gore).*
- **NOTE: You will not have access to an application until the all information is received and requirements are met.**
- **Instructions:**
 - **Complete** the FORM For Adding Agency Organizations Into SAGE
 - **Identify** your **Authorized Official**.
 - Sign a **hard copy** of the FORM For Adding Agency Organizations Into SAGE **and submit** it via a FAX or email attachment to Cynthia Satchell-Gore
 - FAX 609 633-1705
 - Email: cynthia.satchell-gore@doh.state.nj.us
- For assistance call Cynthia Satchell-Gore at (609) 633-8009, or your program contact.

The New Jersey Diabetes Prevention and Control Program
FY16 Request For Applications (RFAs)

Submission Dates and Times: Applications must be submitted, via the SAGE system (<https://enterprisegrantapps.state.nj.us/NJSAGE/Login.aspx?APPTHEME=NJSAGE>) no later than **12:00 Noon on October 13, 2015**. Paper submissions will not be considered.

- Incomplete grant applications will not be considered and will be disqualified.
Applications that do not meet the above criteria will not be considered and will be rejected. Selected applicants will be notified of funding decisions on or about **January 1, 2016**.

Letter of Intent Deadline Date (via email): September 11, 2015 by 12:00 noon. LOIs must be submitted, via email, to:

LorieAnn Wilkerson-Leconte, M.P.H.
Diabetes Prevention and Control Program
LorieAnn.Wilkerson-Leconte@doh.state.nj.us

In addition to the proposals, applications must include:

1. A detailed budget and work plan with timetable.
2. A letter of support from the agency head.
3. The deliverables associated with the application.
4. Resume/s of the proposed DRCC Coordinator/s and associated staff
5. Any required documents such as agency Travel Policy, Salary Policy, Affirmative Action Policy, Copy of Interest Bearing Account, Proof of Non-profit Status (if applicable), NJ Charities Registration (if applicable), Consultant Agreements (if applicable), Plan for Sustainability, annual Audit Report, Statement of Total Gross Revenue, Application for Tax Clearance.

Part VII. Application Review Information - In scoring applications, eligible applications will be evaluated against the following criteria during review:

Review Criteria

Applicants should submit an application to include the following components:

Needs Assessment (10 points)

- The extent to which the applicant has demonstrated an understanding of (1) the burden of diabetes among its target residents, particularly the impact on disparate populations, and (2) the challenges of and opportunities for promoting diabetes prevention and self-management programs.

Organizational Capacity (20 points)

- The extent to which the applicant has demonstrated readiness to implement strategies supporting the 3 project objectives.

The New Jersey Diabetes Prevention and Control Program
FY16 Request For Applications (RFAs)

Project Objectives (30 points)

- Extent to which objectives are specific, measurable, achievable, realistic and sustainable (SMART).
- Extent to which stated objectives will address the needs disparate populations.

Methods/Strategies (15 points)

- Extent to which interventions address target populations and are reflected in proposed plan.

Plan for Sustainability (5 points)

- The extent to which the proposed plan is feasible, reasonable and achievable.

Evaluation (10 points)

- The extent to which the applicant has described how the project will be measured and reported.

Budget (10 points)

- Extent to which budget costs are specific and tied to project objectives and planned interventions as outlined in the “Project Objectives” section.

Review and Selection Process

- a. **Phase I Review:** All eligible applications will be initially reviewed for completeness by the DPCP staff. Incomplete applications and applications that are non-responsive to the eligibility criteria will not advance to Phase II review. Applicants will be notified, via email, that the application did not meet eligibility requirements.
- b. **Phase II Review:** An objective review panel will evaluate complete and responsive applications according to the criteria listed in the criteria section of the RFA. Each application will be reviewed and scored by two (2) reviewers.
- c. **Phase III Review:** Scored applications will be ranked by the entire review panel and award recommendations will be presented to DOH-DPCP.

In addition, the following factors may affect the funding decision:

DOH may fund out of rank order to achieve geographic and/or programmatic diversity.

Anticipated Announcement and Award Dates:

Successful applicants will anticipate notice of funding on or about January 1, 2016 with a start date January 1, 2016.

Agency Contacts

DOH encourages inquiries concerning this announcement.

The New Jersey Diabetes Prevention and Control Program
FY16 Request For Applications (RFAs)

For **programmatic technical assistance**, contact:

Tifanie Selby, MPH

Project Officer, Diabetes Prevention and Control Program

Tifanie.Selby@doh.state.nj.us

-
- ¹ Centers for Disease Control and Prevention. Diabetes Facts. National Diabetes Prevention Program available from <http://www.cdc.gov/diabetes/pubs/statsreport14/prediabetes-infographic.pdf>
- ² Centers for Disease Control and Prevention. National diabetes fact sheet, 2014. Atlanta, GA: U.S. Department of Health and Human Services; 2011. Available from: <http://www.cdc.gov/diabetes/pubs/statsreport14/national-diabetes-report-web.pdf>
- ³ Finkelstein, E., et al. (2009). Annual medical spending attributable to obesity: payer- and service-specific estimates. *Health Affairs*, 28, w822—831.
- ⁴ To view this report please visit website: http://www.state.nj.us/health/fhs/diabetes/documents/diabetes_in_nj.pdf
- ⁵ Carole Mensing, et al., “National Standards for Diabetes Self-Management Education”, *Diabetes Care*, Vol.30, No. 1 (January 2007): .596.
- ⁶ Linda Haas et al., “National Standards for Diabetes Self-Management Education and Support”, *The Diabetes Educator* 2012, 38:619 DOI: 10.1177/0145721712455997
- ⁷ Community Preventative Services Task Force. The Community Guide. www.thecommunityguide.org/